2008 APR 25 AM 9: 13

## ETHION A ETHIOS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

#### FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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Name of Department of Title Country Co	
711 South Vine Street Glenwood, Iowa 51534	
<u></u>	ip Code
Area Code & Telephon	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR (	OFFICE:
<u>_</u> ;	
vame	
Aailing Address (if different from above)	City, State, Zip (if different from above)
mail Address	Area Code & Telephone Number (if different from above)
NOR OF GIFT, BEQUEST, OR GRANT:	
BRISTOL-MYERS SQUIBB CO ame 5920 S. 88 <sup>th</sup> St. LINCOLN NE 68 ailing Address City State 7 in Code	
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2) 720 S. 88 9 St. LINCOLN NE 68	326
aning Address City, State, Zip Code	#-10-08 \$164.05  Date of Gift, Bequest, or Grant Amount/Value*
rea Code & Telephone Number	Date of Gift, Bequest, or Grant Amount/Value*
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mail Address (optional)	receiving department or office. If no value mark "0.00".
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Revised 06/05

### A ETHICS OWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 14

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510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



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DEPARTMENT OF OFFICE RECEIVING THE OUT	
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST	, OR GRANT:
Name of Department of Glenwood Resource Center	
711 South Vine Street	
Mailing Address Glenwood, Iowa 51534	ip Code
Area Code & Telephon	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:
	VI.
Name	
Mailing Address (if different from above)	
	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:	
HAIRVIEW WORKING BAND	
STIALT TA SOUSO	
STUART IA 50250  Mailing Address City, State, Zip Code	1/ 1/ 00
	Date of Gift, Bequest, or Grant Amount/Value*
Area Code & Telephone Number	##
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	S S P S S S S S S S S S S S S S S S S S
Provide a description of the gift, bequest, or grant and purpose thereof:	
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Receipt of any gift, bequest, or grant that is received by any department or	f the state or received by the Governor on behalf of the state
	of the state.
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or and assessment of the fair market value (if applicable) is correct and true	above is accurate. I further affirm that the information concerning the set of my knowledge.
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// 7	
with Messenger	4-21-08
Signature	Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 FRY: (515)224 CTC:

Fax: (515)281-3701



2008 APR 25 AM 9: 13 www.io.va.gov/ethics

Pax: (515)281-3701

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mod Milmi 20 days of fe	eceipt of the gift, bequest, or grant.		Computer
DEPARTMENT OR OF	FICE RECEIVING THE GIFT, BEQUE	EST, OR GRANT:	
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Name of Department or	Glenwood Resource Center	· ·	•
41	711 South Vine Street		
Mailing Address	Glenwood, Iowa 51534	ip Code	
Area Code & Telephon	$\mathcal{A}_{\mathcal{A}}}}}}}}}}$		
CONTACT PERSON FO	OR RECIPIENT DEPARTMENT OR O	EEICE.	
	THE PLANTAGE OF THE PROPERTY O	rrice:	
Name		·	
Mailing Address (if differen	nt from above)	City, State, Zip (if different fro	m above)
Email Address		·	
		Area Code & Telephone Num	ber (if different from above)
DONOR OF GIFT, BEQU	JEST, OR GRANT:		
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Mailing Address	City State 7 in Code		
,	Oity, State, Zip Code		8 \$ 10.00
Area Code & Telephone Nu	ımber	Date of Gift, Bequest, or Grant	Amount/Value*
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Email Address (optional)		receiving department or office.	If no value mark "0.00".
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tement of Affirmation:			
	affirm that the gift, bequest, or grant repor	ted above is accurate. I further affirm that	the information concerning the
or and assessment of the fa	ir market value (if applicable) is correct an	d true to the best of my knowledge.	and amount additionates the
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Signature			Data